


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000027186	
1. Entity Name CAROL'S CONSTRUCTION CLEANING, INC.	

Principal Place of Business 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954	Mailing Address 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0905508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETERSEN, CAROL 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PETERSEN, CAROL 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSEN, TYLER S 23530 GARRETT AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTRANGELO, ANGELA 510 READING ST. PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Petersen **Carol Petersen** **3-14-05** **941-575-8803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #